ARIZONA
DEPARTMENT OF CORRECTIONS
1601 W. JEFFERSON, MAIL CODE 55302
PROCUREMENT SERVICES
PHOENIX, ARIZONA 85007

SOLICITATION NO. ADOC12-00001105

AMENDMENT NO. 6

Contract Officer: Karen D. Ingram

SOLICITATION DUE DATE: December 21, 2011

SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR BID SOLICITATION.
THIS SOLICITATION IS AMENDED AS FOLLOWS:

RFP NO. ADOC12-00001105 – Privatization for All Correctional Health Services

CHANGES IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

The Due date is hereby changed to January 03, 2012, 3:00pm M.S.T

The last date for submitting questions to the Department shall be December 14, 2011, 3:00 P.M. M.S.T

Additional questions submitted on November 30, December 1st, 2nd, 5th, 6th, 7th, 8th, 9th and 12th which will be answered in amendment(s) forthcoming.

AMEND TO CHANGE

From:

2.22.1 The Contractor shall provide all computer hardware, including central processing units, handheld personal digital assistant-type devices, monitors, printers and keyboards in desktop or laptop versions necessary to conduct health services operations. The Offeror shall submit as part of the response to this request for proposal an initial plan for placement of hardware. The Contractor is also responsible for the servicing and maintenance of the hardware.

To:

2.22.1. The Contractor shall have access to all current 382 ADC personal computers assigned to Health staff at the ADC complexes. Contractor must supply any additional computer hardware, including central processing units, handheld personal digital assistant-type devices, monitors, printers and keyboards in desktop or laptop versions necessary to conduct health services operations. The Contractor is also responsible for the servicing and maintenance of the hardware. The Offeror shall submit as part of the response to this request for proposal an initial plan for placement of hardware.

AMEND TO CHANGE:

In Amendment 5, Question 8, page 6, was answered incorrectly. Therefore, the question is being included again with the corrected answer.

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Question 8: Computers - Will the department make any computers currently in use by medical staff available to the contractor? If yes please provide the number of computers by site and the approximate age of each.

Answer: Please see change to RFP Section 2.22.1 at the beginning of this document. All Health Services prison computers will be available to the Contractor.

ASPC Phoenix	25
ASPC Tucson	84
ASPC Douglas	12
ASPC Safford	14
ASPC Eyman	39
ASPC Florence	60
ASPC Lewis	34
ASPC Perryville	70
ASPC Yuma	36
ASPC Winslow	8
	382

Information regarding current ADC Health Services computer equipment used at each facility is provided in *ADC Health Services Computer Equipment as of December 2011*, which has been posted under <u>Data and Reports</u> at

http://www.azcorrections.gov/adc/divisions/adminservices/data_report_list_092111.aspx

Questions submitted on November 27, November 28 and November 29, 2011

Question 1: Inmate Lawsuits - With regard to lawsuits pertaining to inmate health care at the ASPCs — frivolous or otherwise: a. How many have been filed against the Department in the last three years? b. How many have been settled in the last three years?

Answer: There are currently 113 lawsuits in the ADC database covering 2007 through 2011 year to date. Additional information on individual lawsuits may be obtained from the Clerk of the Court of the county in which the lawsuit was filed. Information on federal lawsuits may be obtained from the Clerk of the Court for the United States District Court, District of Arizona.

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Stocks v. Schriro

CV07-2154 (Federal)

Cano v. Taylor

CV07-2456 (Federal)

Krugel v. Baird

CV07-1798 (Federal)

Dunbar v. ADC

CV08-420 (Federal)

Salazar v. State

CV2007-5734 (Pima)

Velasco v. Schriro

CV08-325 (Federal)

Trenton v. State

CV2008-000057 (Maricopa)

Spencer v. Sharp

CV08-401 (Federal)

Barden v. Schriro

CV07-98 (Federal)

McDonald v. Macabuhay

CV07-01022 (Federal)

Altamirano v. Schriro

CV08-137 (Federal)

Wilkins v. State

CV2007-000147 (Maricopa)

Gehrke v. Schriro

CV08-137 (Federal)

Sheets v. Vinluan CV2007-020264 (Maricopa) Garcia v. Schriro

Herring v. Schriro

CV08-0826 (Federal)

Baker v. Schweitzer

CV08-1249 (Federal)

CV2008-2312 (Pima)

Woodburn v. Macabuhay

CV08-1201 (Federal)

Brown v. ADC

CV07-2619 (Federal)

Clark v. Schriro

CV06-85 (Federal)

Valenzuela v. ADC

CV2007-6673 (Pima)

Bradbury v. Schriro

CV08-1336 (Federal)

Dennison v. Schriro

CV08-0847 (Federal)

Mushatt v. Greeley

CV07-1961 (Federal)

Scott v. Schriro

CV06-2784 (Federal)

Lee v. Greeley

CV08-744 (Federal)

Meyers v. Schriro

CV08-0078 (Federal)

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Cable v. Schriro

CV08-1618 (Federal)

Johnson v. Schriro

CV08-1322 (Federal)

Valenzuela v. State

CV2008-03149 (Pinal)

Burgoyne v. Schriro CV07-0862 (Federal)

Ratcliff v. Schriro CV08-2022 (Federal)

Gibson v. Schriro CV08-986 (Federal)

Guillen v. Schriro CV08-1279 (Federal)

Yoder v. Napolitano CV08-1691 (Federal)

Baker v. Schriro CV2008-029273 (Maricopa)

Reyes v. ADC CV08-1625 (Federal)

Milazzo v. Schriro CV08-2155 (Federal)

Arnold v. Schriro CV08-1703 (Federal)

Calvin, Jimmy v. State CV2009-006783 (Maricopa) Calvin, Doretta v. State CV2009-006783 (Maricopa)

Ballesteros v. State

CV2009-001173 (Maricopa)

Landovazo v. State

CV2009-001173 (Maricopa)

Johnson v. Schriro

CV2008-029272 (Maricopa)

Hughes v. Schriro CV08-657 (Federal)

Goldwater v. Brewer

CV2009-017552 (Maricopa)

Trenton v. Schriro CV09-335 (Federal)

Cline v. Schriro CV09-114 (Federal)

Anderson v. State

CV2009-012080 (Maricopa)

Serrano v. Schriro CV09-00855 (Federal)

Robinson v. Coaker CV08-287 (Federal)

Picurro v. Baird CV09-938 (Federal)

Durrant v. ADC CV09-1644 (Federal)

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Capes v. Schriro

CV08-2191 (Federal)

Guillen v. Ryan CV2009-030660 (Maricopa)

Bologna v. Ryan CV09-1288 (Federal)

Rodriguez v. LeSac CV09-1050

Phillips v. Ryan CV09-757

Goldwater v. Brewer CV2009-010741 (Maricopa)

Houser v. Grant-Ellis CV09-0937 (Federal)

Jordon v. Cook CV09-2099 (Federal)

Baker v. Baird CV2009-031410 (Maricopa)

Durrant v. State CV2009-037101 (Maricopa)

Waide v. Belcourt CV09-01522

Goldwater v. Brewer CV2009-036872 (Maricopa)

Young, v. Baker CV2009-037065 (Maricopa) Ramsdell v. Ryan CV10-0052 (Federal)

McCoy v. Ryan CV10-0052 (Federal)

Schaede v. Schriro CV09-1631 (Federal)

Johnson v. ADC CV2010-0099 (Maricopa)

Young v. Baker CV10-247 (Federal)

Baker v. Ryan CV10-82 (Federal)

Vanderhoof v. Ryan CV09-2632 (Federal)

Bologna v. Owens CV10-0403 (Federal)

Crago v. Ryan CV10-131 (Federal)

Moore v. Kanter CV10-652 (Federal)

Baker v. Baird CV10-391 (Federal)

Bologna v. Baird CV10-1017 (Federal)

Bologna v. Grant CV10-0253 (Federal)

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Hunt v. Cione

CV10-220 (Federal)

Martinez v. Wohler

CV10-1468 (Federal)

Boateng v. John Doe 1

CV10-1354 (Federal)

Garrett v. Wohler

CV10-0258 (Federal)

Bologna v. Fredrickson

CV10-01534 (Federal)

Arenberg v. Ryan

CV10-2228 (Federal)

Creamer v. Ryan

CV10-0305 (Federal)

Cook v. State

CV10-1795 (Federal)

Johansen v. Ryan CV10-1912 (Federal)

Pasquale v. Taylor

CV09-1618

Carey v. ADC

CV2010-070053 (Maricopa)

Stockman v. Rowe

CV10-0603 (Federal)

Cazares v. Morris

CV09-2168 (Federal)

Parsons v. Ryan

CV11-00075 (Federal)

Cook v. Baird

CV2010-05021 (Pinal)

Baker v. Kendall

CV2011-002042 (Maricopa)

Cisneros v. Tucson Correctional

Health Services

CV10-0665 (Federal)

Salerno v. State

CV2011-009091 (Maricopa)

Deroche v. Adu-Tutu

CV11-302 (Federal)

Reed v. Barcklay

CV2011-00728 (Yuma)

Patterson v. State

CV10-2364 (Federal)

Mushatt v. Ryan

CV11-951 (Federal)

Smith v. Joyce

CV10-391 (Federal)

Hitchcock v. State

CV2011-096604 (Maricopa)

Stockman v. Ryan

CV11-0307 (Federal)

Dodd v. State

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CV2011-016031 (Maricopa)

Bertanelli v. White

Parker v. Adu-Tutu

CV11-408 (Federal)

CV10-2747 (Federal)

Jennings v. State

CV11-01747 (Federal)

Mach v. State

CV11-1734 (Federal)

Chicharello v. ADC

CV2011-099100 (Maricopa)

Lebovitz v. Kenyon

CV11-369 (Federal)

Warden v. Harris

CV11-1461 (Federal)

Scarim v. Ryan

CV11-1736 (Federal)

Andreen v. State

CV2011-019782 (Maricopa)

Seawright v. State

CV11-1304 (Federal)

Reed v. Barcklay CV11-1339 (Federal)

Question 2: Contract Start Date - Section 2.1.13 on RFP Page 22 states that the goal for full service delivery at each Arizona State Prison Complex is "no later than ninety calendar days from the Contract award date." So that bidders have a clear understanding of the ADC's timeframe for implementation, please confirm the targeted award and start dates for the contract.

Answer: The contract and term begin on the date of award. In order for the Contractor to begin transitioning services the contract must be in effect. The Department does not have an anticipated date of award at this time.

Question 3: ICE Inmates -On average, how many federal (US Marshal, ICE) and out-of-state inmates are housed at each of the ten Arizona State Prison Complexes included in the scope of the RFP.

Answer: Please refer to the RFP Section 2.1.8.2. The Department annually houses between 80 and 100 inmates from other states. Currently there are no federal inmates housed in Arizona prisons through an interstate compact?

Question 4: Accreditation - We see from the "Facility Capabilities" file that ASPC-Eyman is not accredited by the National Commission on Correctional Health Care (NCCHC). Does the ADC intend the Contractor to achieve NCCHC accreditation for ASPC-Eyman? If "yes," what is the department's timeframe for such accreditation?

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Answer: Yes. The Contractor is expected to achieve NCCHC accreditation for ASPC-Eyman within the first two years of the contract and maintain full accreditation throughout the remainder of the contract.

Question 5: Staffing Schedules - Thank you for the data in the "ADC Health Services Positions as of 10-31-11" file. Will the ADC please also provide current health service staffing schedules by facility, shift, and day of the week for the ASPCs.

Answer: ADC staffing is not relevant to this RFP. Although RFP Subsection 2.17.4.1 requires that a Contractor give ADC employees displaced by a Contract first consideration for employment in comparable positions to those they currently hold, there is no requirement that a Contractor retain a staffing structure identical to the one ADC currently has in place. Per RFP Subsection 2.17.6.1, an Offeror is required to submit as part of the response to the request for proposal a written proposed staffing pattern demonstrating how they will adhere to or exceed all applicable standards of care at all Arizona State Prison Complexes and all Health Services Units. The proposed staffing pattern as well as the breakdown of Employee Personal Services and Employer Related Expenditures for Employees, per the Fee Schedule, are solely determined by the Offeror.

Question 6: Unionization - Are any members of the ADC's current health service workforce unionized? If yes, please provide the following. a.A copy of each union contract b.Complete contact information for a designated contact person at each union c.The number of union grievances that resulted in arbitration cases over the last 12 months.

Answer: No, healthcare staff is not covered by a collecting bargaining agreement.

Question 7: Orientation Hours - Please confirm that the time health services staff members spend in orientation, in-service training, and continuing education classes will count toward the hours required by the contract.

Answer: This question is not clear. Please refer to RFP Section 2.17.7 for Contractor Staff Training and Education requirements.

Question 8: Incentive Pay - We noticed that the "ADC Health Services Positions as of 10-31-11" file for this RFP does not include the "Incentive Pay" column that it did in the 2010 RFP. Please explain why this column has been deleted from the data the ADC has provided in 2011.

Answer: The performance pay program ended on June 15, 2010, repealed by State of Arizona, Laws 2010, Seventh Special Session, Chapter 3 (HB2003).

Question 9: Internet Responsibility - Who will be financially responsible for Internet access for health services staff?

Answer: The Contractor shall be financially responsible for internet access for their staff.

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Question 10: Dialysis Services - How are dialysis services currently provided at those ASPCs without permanent radiology equipment: (a) onsite, by a mobile radiology vendor (PLEASE IDENTIFY VENDOR); or (b) offsite?

Answer: Inmates requiring Dialysis are housed at either the Tucson or Florence facility where ADC has established dialysis centers and on-site radiology equipment. Currently, no female inmates require dialysis. If a female inmate were to require dialysis, this service would need to be contracted to be provided at a local dialysis center.

Question 11: Laboratory Provider - Please identify the current sub-contracted provider(s) of laboratory services.

Answer: The current sub-contracted provider of laboratory services is Laboratory Corporation of America.

Question 12: Facility Information - For each ASPC, please provide the following information. a. Mission of the facility b. Number of special medical housing, observation, and/or infirmary beds c. Average occupancy rate for these medical beds d. If the unit qualifies as an Infirmary as per NCCHC definitions, i.e., do the staffing levels, monitoring methodology, rounding frequency, etc., comply with NCCHC infirmary standards.

Answer: All ADC IPCs meet NCCHC definitions and standards.

Florence (Central Unit) In-Patient Component (IPC): 15

Florence (Central Unit) Housing Unit 8, Medical Step Down: 22 beds

Tucson (Rincon HU 9, D run) IPC 15

Tucson (Rincon HU 9, B run) 15 beds

Tucson (Rincon HU 9, C run) 20 beds

Note: Tucson B and D runs are for IPC step down, e.g. incontinent inmates.

Tucson (Manzanita Unit) Special Needs Unit (SNU) self-care, rehab style: 25 beds

Perryville IPC: (Complex Medical): 7 beds

Lewis Assisted Living Area (Medical HUB): 13 beds

The IPCs at Tucson and Florence are normally at 100% occupancy. Perryville census is consistently 5 to 6 patients.

Question 13: Statistical Information - Please provide monthly statistical data for each of the following categories.

a. Number of ER referrals resulting in hospitalization

Answer: ADC does not track ER that results in hospitalization. Please refer to the following, which have been posted under *Data and Reports* at

http://www.azcorrections.gov/adc/divisions/adminservices/data report list 092111.aspx

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ADC Health Services On-Site Specialty Services

b. Number of dialysis patients

c. Number of dialysis treatments.

Answer: ADC currently has 26 inmates on dialysis.

Question 14: Medication Administration - Please provide the following information about medication administration. a.Who administers medications, e.g., RNs, LPNs, medical assistants? b.How are medications distributed, i.e., pill line or med pass? c.Where does medication distribution take place, i.e., do medication carts go to the housing units or do inmates come to the medical units? d.How often is medication distributed each day? e.How long does it take to perform the average medication distribution process?

Answer: Medications are administered by nursing staff which would be RNs, LPNs. In some instances, Keep On Person medications may be distributed by Security Staff. Medications are distributed by both pill line and/or med pass depending on the facility and the security level of the facility. For med passes, medication carts may go to the housing units. Medication is normally distributed twice daily. Length of time to perform the average medication distribution process varies per institution; the average would be one to four hours to include preparation for unit dose medication.

Question 15: Inpatient Admissions - Thank you for providing the data in the "ER Visitation Summary FY2007 through FY2011" file. Can the ADC also please indicate how many of these ER Visits resulted in inpatient admissions?

Answer: See response to 13 above.

Question 16: Financial Responsibility for Services - Please confirm that under the new contract, the Contractor will not be financially responsible for any of the following services. a. Neonatal or newborn care after actual delivery b. Cosmetic surgery, including breast reduction c. Sex change surgery (including treatment or related cosmetic procedures) d. Contraceptive care including elective vasectomy (or reversal of such) and tubal ligation (or reversal of such) e. Extraordinary and/or experimental care f. Elective care (care which if not provided would not, in the opinion of the Medical Director, cause the inmate's health to deteriorate or cause definite and/or irreparable harm to the inmate's physical status) g. Autopsies h. Any organ (or other) transplant or related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care related to a transplant, etc. i. Medications for the treatment of bleeding disorders, including, but not limited to Factor VIII and IX.

Answer:

- a. Neonatal or newborn care after actual delivery
 - **Answer:** The Contractor will not be financially responsible.
- b. Cosmetic surgery, including breast reduction

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Answer: The Contractor will not be financially responsible for care that is not medically necessary.

c. Sex change surgery (including treatment or related cosmetic procedures)

Answer: The Contractor will not be financially responsible

d. Contraceptive care including elective vasectomy (or reversal of such) and tubal ligation (or reversal of such)

Answer: The Contractor will not be financially responsible for care that is not medically necessary.

e. Extraordinary and/or experimental care

Answer: The Contractor will be financially responsible for extraordinary care if determined to be medically necessary. The Contractor will not be financially responsible for experimental care.

f. Elective care (care which if not provided would not, in the opinion of the Medical Director, cause the inmate's health to deteriorate or cause definite and/or irreparable harm to the inmate's physical status)

Answer: The Contractor will not be financially responsible for care that is not medically necessary.

g. Physical autopsies

Answer: The Contractor will not be financially responsible.

h. Any organ (or other) transplant or related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care related to a transplant, etc.

Answer: The Contractor will not be financially responsible for transplant related costs. Refer to Department Order 922 – Inmate Donor Program.

i. Medications for the treatment of bleeding disorders, including, but not limited to Factor VIII and IX

Answer: The Contractor will be financially responsible for treatment of bleeding disorders including but not limited to Factor VIII and IX.

Question 17: Historical Data - Please provide three years of historical health services cost data for the following categories. a.Laboratory services b.X-ray services.

Answer: Please refer to the following, which have been posted under <u>Data and Reports</u> at http://www.azcorrections.gov/adc/divisions/adminservices/data report list 092111.aspx

LAB Summary Report Fiscal Year 2009 through Fiscal Year 2011 FY 2009 through FY 2011 TPA Claims by Diagnosis Reports

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Question 18: Preference Points - Please clarify the criteria the ADC will use to award the 60 possible preference points associated with Criterion 1 (Scope of Work), as we do not understand how these will be awarded across the following various opportunities (listed below) to earn preference points in the Scope of Work. Will a vendor receive 10 points for each of the following criteria it meets? a. RFP §23.2.2.Preference shall be given to Offerors with at least five (5) years of business/corporate experience within the last ten (10) years providing medical or mental health services as defined in this Request for Proposal to a total daily population of at least 20,000 clients in a correctional or custodial setting. b. RFP §2.3.2.3.Preference shall be given to Offerors with at least five (5) years of business/corporate experience within the last ten (10) years providing comprehensive health services, including medical services, dental services, pharmacy services, and mental health services as defined in this Request for Proposal to a total daily population of at least 10,000 clients in a correctional or custodial setting. c. RFP §2.3.9.11. The Department shall give preference to Offerors who commit to locating additional senior positions associated with this Contract within Arizona. d. RFP §2.3.10.4. Preference shall be given to an Offeror who has located or commits to locating operational functions associated with this Contract within Arizona. e. RFP §2.12.11.2 Preference shall be given to Offerors who will be using bar coded systems. f. RFP §2.14.2.1.1 Preference will be given for previous training in utilization management decision making for a statewide system.

Answer: 10 preference points have been allotted for Offerors whose proposal meet the requirements for each of the preferences identified within the RFP.

Question 19: Criterion 3 Preference Points - Please clarify the criteria the ADC will use to award the 10 possible preference points associated with Criterion 3 (Special Terms & Conditions). We believe these points are associated with the utilization of small businesses, as described in RFP §1.36.2. a. Will each Offeror that utilizes small business (to any extent) receive 10 preference points? b. Or will the Offeror who utilizes the most dollars with small businesses receive all 10 points, then all other Offerors receive prorated points based on their small business spend (relative to the top spending Offeror).

Answer: Same answer above for question 18. Preference points are not prorated.

Question 20: Scoring Formula/Methodology	- We are looking for the formula (or other methodology) that the
ADC will use to evaluate, rank, and assign sco	oring points to bidders' Fee Schedules (Criterion 2). For example, a
formula commonly used in other corrections	al health care bid evaluations is as follows. Lowest price of all
proposals	x # points possible for Price component = Price Score Price of
proposal being evaluated How will the ADC	c assign scores and/or relative ranking to bidders' submitted Fee
Schedules?	

Answer: The Department's present intention for evaluation of the Fee Schedule is that the best pricing will receive 100% of the points and the other pricing proposals will receive the appropriate reduced points based on the use of a ratio scale.

Question 21: Performance Bond - Is the ADC willing to consider alternatives — such as holding a portion of the successful Vendor's payment or establishing a reserve fund — to the performance bond described in the RFP?

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The expense associated with implementing a performance bond as security is exorbitant, and will add unnecessarily to the contract price.

Answer: No. The bonding requirements shall remain as stated in the RFP.

Question 22: Finance Fees - Will the ADC consider changing the RFP requirements to the levels found in other statewide correctional system contracts (e.g., Alabama DOC: \$3 million; Tennessee DOC: \$5 million)? This would enable bidders to significantly reduce their bonding costs, freeing up more than \$1 million to be allocated to direct inmate health services (staffing, offsite care, etc.) rather than tying it up in finance fees.

Answer: The requirements shall remain as stated in the RFP.

Question 23: Solicitation Documents Precedence - We have reviewed and understand the specifications of Section C.12 of the Uniform Instructions to Offerors. Please also indicate the order of precedence among the following solicitation documents so that in case of contradictory information among these materials, bidders know which of the conflicting data sets to use to create their narratives and calculate their prices. a. Initial responses to questions b. Subsequent responses to questions c. Subsequent exhibits and attachments.

Answer: Responses to questions through solicitation amendments do not change the requirements in the RFP unless specifically identified through a formal solicitation amendment. The order is as stated in C12 as it relates to solicitation documents

Question 24: Keep On Person Medication - With regard to Keep-On-Person medications, please confirm that current distribution practices are acceptable to the ADC and will continue under any contract resulting from RFP # ADOC12-00001105.

Answer: Current medication distribution practices are acceptable to ADC.

Question 25: Inmate Facility Placement - With regarding to placement of an inmate at a State-operated facility versus a private facility: a. Who determines such placement? b.On what criteria is such placement based, i.e., is this decision based on the inmate's Medical and Mental Health Scores? c.Please describe the decision criteria (e.g., medical acuity, geographic location, length of sentence, etc.) for determining placement of an inmate at a State-operated facility versus a private facility.

Answer: ADC will make all final determinations regarding the placement of inmates in private and state-run prison facilities and the prison unit in which the inmate will be housed. The ADC classification process will determine the inmate's custody level; service needs and requirements including medical, mental health, substance abuse treatment, and sex offense treatment; program needs and requirements including education, vocational training, work, and self-improvement; and final housing assignment.

Question 26: Intake Screening - Section 2.9.2 on RFP Page 61 requires the Contractor to complete all screening services and activities as required in this Section in no more than 72 hours from the point of inmate arrival. Please

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confirm this excludes the 14-day mental health assessment listed in this Section of the RFP.

Answer: The 14 day mental health assessment is not excluded. Assessment must be completed during intake. Please see RFP Exhibit 3, page 148, step 16.

Question 27:AIMS System Screen Shots - Please list, describe, and provide screen shots for any modules of the Adult Information Management System (AIMS) System that relate to health services.

Answer: Please refer to the following, which has been posted under <u>Data and Reports</u> at http://www.azcorrections.gov/adc/divisions/adminservices/data report list 092111.aspx

AIMS Health Services Screen Shots

Question 28: Financial Responsibility for Security - Section 2.6.4 on RFP Page 45 requires the Contractor to utilize Department Correctional Officers for the performance of all security services, including security in hospitals where in-patient services are provided in a non-secure wing or unit. Who is financially responsible for the cost of these Department Correctional Officers.

Answer: The Arizona Department of Corrections is responsible for the cost of all ADC Correctional Officers, including those performing security services related to correctional health services.

Question 29: Electronic Media Requirement - Please clarify the ADC's requirements relating to providing inmates with "electronic media information" on how to access health services, as required by Section 2.10.3 on RFP Page 63, i.e., is the Department requiring the Contractor to provide inmates with CDs, DVDs, etc?

Answer: The Department is referring to electronic media information that could be broadcast on the inmate Cable TV system, presented during groups, Peer Education programs, or available for review in institution libraries.

Question 30: Forms - Section 2.6.16 Forms on RFP Page 51 requires the Contractor to purchase forms in adequate quantities from Arizona Correctional Industries, the Department's approved printer. For each of the past three (3) years, please indicate the amount the DOC has spent for such forms.

Answer:

FY 2009: \$34,155 FY 2010: \$44,164 FY 2011: \$50,226

Question 31: Restricted Medical Diets - Section 2.10.26 on RFP Page 76 states that the Contractor is responsible for prescribing restricted medical diets and for coordinating ordering and delivery. Please confirm that the Contractor is not, however, financially responsible for the cost of restricted medical diets.

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Answer: The Contractor is not responsible for the cost of restricted medical diets.

Question 32: Linens - Section 2.10.27 on RFP Page 76 states that the Contractor must "provide" linens as required in special medical units. This is not typical of most state prison contracts. Please confirm that the Contractor is not, however, financially responsible for the purchase and laundry costs associated with such medical linens.

Answer: The Contractor is responsible for providing medical linens and for any cost associated with acquiring and laundering medical linens. ADC currently contracts with a linen service for medical linens.

Question 33: Contractor Preference - With regard to Section 1.36.1 on RFP Page 17 and Attachment #3, which states the DOC will give preference to Contractors who utilize small businesses, please provide the following clarifications. a. What is the ADC's minimum required percentage of small business participation? b. Please quantify the amount of preference a bidder will receive for utilizing small businesses. c. Will the ADC also give preference to Contractors who utilize minority-owned and women-owned businesses? d. Please confirm that the ADC will count any certified small (or minority-owned and women-owned businesses, if the response to "c" is "yes") toward this preference, e.g., those certified in other states, or by the federal government.

Answer:

- a. There is not a minimum percentage.
- b. 10 preference points have been allotted for Offerors whose proposal meets the requirements for each of the preferences identified within the RFP.
- c. The RFP does not identify a preference for Offerors who utilize minority-owned and women-owned businesses. Section 1.36.1 refers to any type of small business.
- d. A small business must meet the requirements for a small business in the State of Arizona to qualify for this preference. Small Business is defined in Amendment 4, Question 9, page 4.

Question 34: Requirement for 100% Compliance - The Performance Outcomes and Measures listed in RFP Section 2.20.2 require 100% compliance in order to avoid the imposition of monetary damages. Given the sheer volume of encounters occurring each day in a statewide prison system, it is unrealistic to assume any program can be "perfect," i.e., that anyone could meet 100% of the standards 100% of the time. Health care contractors realize this, and will build monetary damage costs into their bids, to prepare for the reality of the situation. In order to prevent the submission of needlessly and artificially inflated bids, will the ADC please change the RFP requirements to the industry benchmarks of 75% to 80% for important standards and 95% for critical standards.

Answer: The Department's expectation is for a Contractor to achieve 100% of the requirements when providing Health care to inmates and will not lower the requirements. Please note that failure to achieve 100% of the requirements will not automatically result in the imposition of a monetary sanction. Please refer to RFP Section 2.19. An offeror should review this information and take this into consideration when preparing their response and factor in any costs they believe are pertinent to their response.

Question 35: Document Precedence - We have reviewed and understand the specifications of Section C.12 of the

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Uniform Instructions to Offerors. Please also indicate the order of precedence among the following solicitation documents so that in case of contradictory information among these materials, bidders know which of the conflicting data sets to use to create their narratives and calculate their prices. a. Initial responses to questions b. Subsequent responses to questions c. Subsequent exhibits and attachments.

Answer: See answer to question 23, as this is a duplicate.

Question 36: Annual Price Increase Requests - RFP Section 1.15 provides instruction on how the selected Contractor can request annual price increases for Year Three of the contract and beyond. Please clarify how Offerors are to request the annual price increase for Year Two of the contract.

Answer: Please see RFP Sections 1.15.1 and 1.15.3. Contractor may not submit for an annual increase until the contract has been in effect for one year (1.15.1) and a request for an increase will not be effective until 365 days after submittal (1.15.3). Therefore, there will be no increase for year two of the contract.

Question 37: Gaining Required Licenses - .RFP Section 2.6.7 requires the Offeror to submit "evidence of their ability to gain all licenses required." Please clarify what form of documentation the Department is looking for as evidence of a bidder's ability to acquire these clinical licenses.

Answer: The type of evidence submitted will depend upon the licensure being sought. The Offeror shall submit information they believe is sufficient to demonstrate their ability to obtain licensure as required per the RFP.

Question 38: Agreement Signature - Please clarify the statements in RFP Section 1.22 that "the Department will not sign any agreements or any other documents presented for the services listed herein. The completed Offer and Acceptance form signed by the Chief Procurement Officer and the award notice will be the Contract." In addition to these two pieces of paper, will the contract also include the RFP and the selected Offeror's proposal, to provide sufficient detail to operate the contract appropriately?

Answer: Yes. The completed Offer and Acceptance is the legal document encompassing the RFP requirements, and the awarded Offerors proposal.

Question 39: Hospital Secure Units - With regard to secure units at community hospitals: a.Please identify the location of any existing secure units b.Please provide the number of beds in each of these units c.Does identify any community hospitals with which the DOC has plans for future secure units.

Answer: Secure Units in Community Hospitals are:

- Tempe St. Lukes in Tempe 26 beds
- University Physicians Hospital in Tucson 13 beds.

ADC does not have plans with community hospitals for future secure units at this time.

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Question 40: Medical Record Conversion Plan - RFP Section 2.10.25.9 requires bidders to "submit a written plan for medical record conversion from the current hard-copy format into the Contractor's EHR solution." Please confirm that the Contractor does not have to convert existing/historic hard-copy records, as this would add considerable time and unnecessary expense to the contract.

Answer: The Contractor will be required to convert paper records to electronic format for all inmates currently incarcerated in ADC state-run prisons, all inmates who are transferred from other facilities to ADC state-run prisons, and all new inmates incarcerated in ADC state-run prisons. When an inmate returns to custody and his medical record is retrieved from storage, the chart will then be required to be converted to EHR electronic format. On November 30, 2011, ADC had 33,641 inmates in ADC state-run prisons. Although the size of inmate medical records varies widely, medical records typically may range from 200 to 1,200 pages. Medical records are maintained in volumes of 200 to 400 pages and some inmates have multiple volumes. Medical record pages are not always uniform size and may be stapled.

Question 41: PPD Test - At what point of the intake process does the Department plant the PPD test?

Answer: The PPD test is required on Day One of the intake process.

Question 42: Suicide Watches - Please confirm that correctional staff will continue to be responsible for physically performing suicide watches and mental health watches.

Answer: Correctional Officers will continue to perform mental health watches.

Question 43: Intake Activity Timeframe - RFP Section 2.9.2 on Page 61 states that the Contractor must complete all intake activities "no more than 72 hours from the point of inmate arrival." However RFP Section 2.20.2.1 penalizes the Contractor for not having the physical examination done by Day Two (i.e., within 48 hours) of an inmate's arrival. Please clarify these two apparently conflicting RFP requirements.

Answer: Physical examinations shall be completed by Day Two. This is necessary in order to establish a medical score to facilitate classification and inmate housing assignments on Day Three. All intake activities also includes the PPD reading on Day Three, ensuring all medical records documentation and data entry is completed.

Question 44: Description of UM Services within Proposals - RFP Section 2.14.2.4 only requires the Contractor to provide a description of its UM program after contract award. Does the ADC not wish to review such a description in Offerors' proposals, prior to selecting a Contractor?

Answer: RFP Section 2.14.4 requires the Offeror to describe their plan and capabilities to meet all requirements for Utilization Management per Section 2.14 in its entirety. This would include requirements under 2.14.2.4.

Question 45: Quantity of Required Licenses - Please provide the quantity of User Licenses the ADC will require

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the Contractor to provide and pay for, as described in RFP Section 2.22.1.1.

Answer: ADC estimates that it may require up to twenty (20) user licenses during the Contract term.

Question 46: Clarification Regarding Provided Data - Please confirm that the data provided in each of the following documents reflects only data for the ten (10) state-operated ADC facilities, and excludes any data pertaining to the contracted private in-state prisons. a.Arizona Department of Corrections Pharmacy Expense Reporting (Fiscal Years 2011 and 2010) b.ER Visitation Summary FY2007 through FY2011 c.Health Care Services by Providers Paid Through ADC (Fiscal Years 2011; 2008 through 2010) d.TPA Claims by Diagnosis Reports (Fiscal Years 2011, 2010, 2009, 2008) e.Off-Site Encounter Data (Fiscal Years 2011, 2010, 2009).

Answer: Information provided in Health Services Data and Reports provided is for ADC State operated prisons. The data provided excludes contract beds/private prisons' expenditures.

Question 47: Claims Paid Data Clarification - Please clarify in which (if any) of the following data files provided by the ADC the claims paid amounts are based on reimbursement at AHCCCS rates. a.FY2008 through FY2010 Health Care Services by Providers Paid Through ADC b.FY2011 Health Care Services by Providers Paid Through ADC c.FY2008 TPA Claims by Diagnosis Reports d.FY2009 TPA Claims by Diagnosis Reports e.FY2010 TPA Claims by Diagnosis Reports.

Answer: Data provided for FY 2008, 2009 and first 5 months (July 1 – November 23, 2009) of FY 2010 were not at AHCCCS reimbursement rates. Data for the last 7 months (November 24, 2009 – June 30 2010) of FY 2010 and all of FY 2011 are at AHCCCS rates.

Question 48: Retaining Employees - With regard to the data provided in the "ADC Health Services Positions as of 10-31-11 (Revised): file, will the ADC maintain the 26.0 FTEs (22 filled, 4 vacant) at the HS Central office as Department-funded positions, or will these become Contractor-employed and -paid positions?

Answer: ADC staffing is not relevant to this RFP. Although RFP Subsection 2.17.4.1 requires that a Contractor give ADC employees displaced by a Contract first consideration for employment in comparable positions to those they currently hold, there is no requirement that a Contractor retain a staffing structure identical to the one ADC currently has in place. Per RFP Subsection 2.17.6.1, an Offeror is required to submit as part of the response to the request for proposal a written proposed staffing pattern demonstrating how they will adhere to or exceed all applicable standards of care at all Arizona State Prison Complexes and all Health Services Units. The proposed staffing pattern as well as the breakdown of Employee Personal Services and Employer Related Expenditures for Employees, per the Fee Schedule, are solely determined by the Offeror.

Question 49: Software Requirements - The RFP requires that all software used by the Contractor be capable of integration with the ADC's existing AIMS system. So that bidders can estimate the type, complexity, and cost of ensuring this interface, please provide the following information about the ADC Adult Information Management System (AIMS) System.

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a. Does the ADC require a real-time interface, or will batch data transfer be acceptable?

Answer: ADC requires a BATCH Interface.

b. What data formats will AIMS accept? Export?

Answer: ASCII

c. What types of data (e.g., inmate names, numbers, release dates, etc.) does the ADC wish AIMS to exchange with the Contractor's system?

Answer: The exact data to be exchanged can not be determined at this time. This will be determined based upon the EHR selected by the Offeror awarded a Contract as a result of this RFP.

d. Does AIMS have an existing module/engine to support data interfaces?

Answer: No.

e. Will data transfer be bi-directional, i.e., both into and out of AIMS? If not, which direction does the ADC envision data flowing: from the Contractor into AIMS, or from AIMS to the Contractor's systems?

Answer: Yes, data transfer will be bi-directional.

f. How will the ADC support the interface between its systems and the Contractor's systems?

Answer: ADC will maintain the interface; however, any changes to the underlying data formats (EHR or AIMS) could potentially disrupt data flow. If this occurs, ADC and the Contractor will work on a solution.

Question 50: "Capitalization" Clarification - The ADC's meaning for the term "Capitalization" (as used in RFP Sections 2.4.5.1 and 2.4.5.4.3) is not listed in RFP Section 2.2 Definition of Terms. However in RFP Section 2.4.5.4.3, the Department appears to use the term "Equity" as an equivalent. Please confirm that for purposes of the RFP, the ADC defines "Capitalization" as Tangible Net Worth (Total Shareholders' Equity less Intangible Assets), one of the most widely used measures of financial stability in the corrections industry.

Answer: RFP Section 2.4.5.1 states that the capitalization requirement "must be met with cash with no encumbrances, such as a loan subject to repayment." In addition, the RFP further states that "The capitalization requirements may be applied toward meeting the financial standards' equity requirement (see Subsection 2.4.5.4) and is intended for use in operations of the Contractor." Given that RFP Section 2.4.5.4.3 references the same \$15,000,000 and \$10,000,000 as RFP Section 2.4.5.1, the term equity and capitalization for purposes of this RFP is cash and investments that can be converted to cash within 90 days (without paying a conversion penalty greater than 10% of the investments current value) with no encumbrances, such as a loan subject to repayment.

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Question 51: RFP Page 58 - 2.8.9.8 - Use of existing telemedicine infrastructure - If the Offeror elects to use the Department's current telemedicine services & equipment, will the Department continue to fund the telemedicine program as it relates to network connectivity, maintenance and support, and the upgrade of equipment?

Answer: Please see RFP Section 2.6.12.2. The Contractor is responsible for any maintenance, support and upgrades of any telemedicine equipment. In addition, ADC will maintain its current network connectivity, but any upgrades to that connectivity as it relates to telemedicine will be the responsibility of the Contractor.

Question 52: Insurance Requirements - With regard to the insurance requirements in RFP Section 1.30: a. Will the ADOC consider changing its General Liability (GL) and Professional Liability (PL) insurance requirements to more closely reflect the industry standards of \$1 million per occurrence/\$3 million aggregate? b. If not, with the ADOC consider changing its General Liability (GL) and Professional Liability (PL) insurance requirements to \$3 million per occurrence/\$10 million aggregate (each) in lieu of the GL/PL requirements listed in the RFP?

Answer: No. The requirements shall remain as stated in the RFP

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Vendor hereby acknowledges receipt and understanding of above amendment.	The above referenced Solicitation Amendment is hereby executed this 12th day of December, 2011 at Phoenix, Arizona.
Signature Date	
Typed Name and Title	
Name of Company	Denel Pickering Chief Procurement Officer